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NASHVILLE, TENNESSEE.

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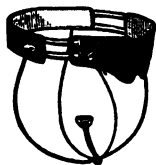
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DEERING J. ROBERTS, M. D., - - - Editor and Proprietor.

Vol. 12. NASHVILLE, FEBRUARY, 1890. No. 2.

Original Communications.

NASHVILLE OBSTETRICAL AND GYNECOLOGICAL
SOCIETY.

Regular Meeting, December 17, 1889.

President W. D. Haggard, in the Chair. Fellows present:
Doctors J. S. Cain, James B. Stephens, J. R. Buist, W. G.
Ewing, W. L. Nichol, W. A. Atchison, and Secretary Richard
Douglas.

DISCUSSION—PYO SALPINX.

Dr. Buist: The subject before us to-night is one of vital importance, while regretting the forced absence of Dr. Bunyan Stephens, we can not permit it to go by default. Only in the last few years, has the profession grown to look upon the tubes and ovaries as the seat of frequent disease.

It is true many writers are credited with hinting at the existence of tubal disease, but its frequency and vital importance were only developed by the laparotomist, who, by his work, was able

to demonstrate the existence and nature of the diseases affecting the appendages.

To Mr. Tait, of course, we are chiefly indebted for our knowledge on this subject.

In former years, we were taught a great deal about cellulitis, now we know that this disease, if it exists at all, is only secondary to tubal or ovarian inflammation.

The symptoms of pyo-salpinx are pain, tenderness, with often recurring attacks of pelvic inflammation, excited by the most trivial causes. The local signs are sometimes misleading, but with a favorable pelvis, bi-manual palpation may detect the presence of a tumor, tender, elastic, and sometimes fluctuating. An exact diagnosis can not always be made, and we are often forced to content ourselves with a surgical diagnosis.

Dr. Nichol: It is a strange thing to me that Emmet, whom we all must regard as one of the first and foremost specialists in this country, and whose advantages both clinical and pathological, are second to none, should in all his publications adhere to that old classification of cellulitis and peritonitis, the views originally expressed by Nonal. Opposed to this theoretical idea, we have the practical work of Bernutz and Goupil. These authorities published years ago their views based upon post-mortem revelations, claiming that it was the peritoneum involved and not the cellular tissue. Now to-day the teaching comes back to us, as an advanced view, and the tubes and ovaries are regarded as the primary seat of disease, the peritoneum being secondarily involved.

I regard cellulitis as always septic. Endometritis is always the starting point for tubal disease.

The symptoms are very much as cited by Dr. Buist. I have also found that an intermittent discharge of pus from the uterus was indicative of suppurating tubes. This feature I observed recently in a case with Dr. Ewing.

Dr. Buist: I did not allude to the etiology of pyo-salpinx, but in answer to a statement made by Dr. Nichol, to the effect that endometritis is always the cause of tubal disease, will say: I do not think it is so considered; one of the most destructive

forms of pyo-salpinx is of tubercular nature, and this begins primarily in the tube.

Dr. Ewing thought there was but little to say on this subject, the questions are all settled both as to pathology and to treatment.

Dr. Buist wished to state a hypothetical case. If you have a case with the general symptoms of a suppurating type, which is discharging pus and there is no tumor, would you operate?

Dr. Nichol: How do you know the pus is coming from the tube?

Dr. Ewing: Eighteen months ago, I found a tube as large as my finger. A few days later the menstrual flow came on. At a second examination, I could not find the tube. I take it the flow of pus and blood emptied the tube. Some months later I again saw her and the tumor had reappeared. In this case the pus clearly came from the tube.

Dr. James Stephens: I regard pelvic inflammations as seldom idiopathic. The most prominent factor in their production is some mechanical or chemical irritation about the cervix.

I have met with a large pelvic abscess directly attributable to the application of the simple tinc. of iodine within the cervical canal. Is it not possible for a suppurating catarrh of the tube to end in recovery. Do all such cases require operation as soon as diagnosed?

If I understand the pathology of pelvic inflammation, the recurring attacks of peritonitis result in pelvic adhesions and the distortion of the tubes so produced, arresting the natural discharges, accumulation takes place.

I should be pleased if some one would differentiate between true pelvic abscess and pyo-salpinx.

Dr. Atchison said he had met with very few cases of pyo-salpinx and would be pleased to learn something of the methods of diagnosis.

Dr. Douglas: From the rather prolonged discussion, this does not seem to be so settled a question as *Dr. Ewing* seems to think.

Bernutz and *Goupil* in their work did not quite reach the kernel; they did eliminate cellulitis as a primary disease,

but were not able to show that the tubes were the seat of all mischief. In response to some questions, permit me to answer that the principal guide in determining operation in chronic tubal or ovarian disease is the often recurring attacks of pelvic inflammation.

In the hypothetical case suggested by Dr. Buist, disease of the tubes without the existence of a decided tumor, I should, if convinced the disease was certainly tubal, advocate operation.

In all acute cases characterized by the presence of a tumor, attended by the local and general signs of suppuration, immediate operation is eminently proper.

One gentleman has alluded to the tube discharging through the uterus. I have never seen a uterine discharge which I could characterize as of tubal origin.

I observe many have alluded to the readiness with which they locate diseased tubes. I must confess my total incapacity to make such accurate diagnosis.

I do not think any one can deny that we may have a true cellulitis, acute and septic in character, developing and discharging as a true abscess without there being any involvement whatsoever, of the tubes and ovaries. A point of sepsis, a chain of lymphatics, a mass of cellular tissue, are all that is necessary for a phlegmon. Why could we not have it? The point is that so-called pelvic cellulitis, a sub-acute and often recurring inflammation, is really tubal disease.

Dr. Haggard: Sometimes the tube is distended by serum, in other specimens we find pus. Now what determines the character of this fluid? I think if the inflammation is of septic origin, viz: from an endometritis or gonorrhœa, then we will find the accumulation to be purulent in character. The germs of infection have much to do with the character of inflammation.

Dr. Cain: Where a satisfactory diagnosis of pyo-salpinx can be arrived at with the tubal orifices occluded, and all the attendant and threatening evils of such a condition present, there can be but one rational course to pursue: that of the removal of the offending organ by an operation.

But in a case like the hypothetical one suggested by Dr. Buist,

the real existence of which seems to be confirmed by the observation of Dr. Ewing, that of a suppurating tube, which from time to time, discharges its contents into the uterine cavity, I doubt the propriety of the operation, under such circumstances. I think that natural canals leading to suppurating cavities, once open to the flow of pus, seldom close again, and with an open and patulous uterine orifice, through which the discharge might easily escape, there could be little or no likelihood of the tube becoming so much distended as to endanger life or to give great discomfort to the patient, and in such a case there might be a possibility of cure under proper treatment, without resorting to the rather hazardous extreme of an operation.

As to the controlling influence which decrees that one case of tubal disease shall be a hydro-salpynx, while another is a pyo-salpynx, I will suggest that probably the former grows out a simple catarrhal inflammation of the tube communicated from the uterine cavity, resulting in the sealing up or closing of the orifices of the tube by inflammatory products, while the serous exhalations and mucous discharges peculiar to that form of inflammation, might result in a distension or dropsy of the tube. Should the inflammation continue, especially in a subject favoring pyogenesis, this fluid might be absorbed, and its place occupied by rapidly accumulating pus corpuscles. In other instances pus is evidently the fluid primarily occupying the tube.

If, however, we are to accept the microbic theory of all pus genesis, (to which I reluctantly incline), the probabilities are that the staphylococcus pyogenus, finds access into the tube either from the uterine cavity or through lymph channels, and by their presence, or that of their ptomaines, products acting either locally or through the blood, invite a rapid emigration of leucocytes or white corpuscles from the blood to the diseased organ, thereby distending it and producing pyo-salpynx.

Dr. Douglas : Do you not, doctor, concede the local genesis of pus corpuscles under the "inflammatory stimulus?"

Dr. Cain : No, if we are to accept and follow after the most modern teaching. I would discard the the Virchow theory of local pus genesis from fixed tissue cells, and say, that owing to

some influence exerted by the staphylococcus pyogenus or the alkaloid ptomaines produced by it, there is a rapid development and migration of leucocytes from the blood to the seat of disease, and that all pus cells are from the blood, and are migrated leucocytes.

TROPHOPATHY IN THE FATTY AND FIBROID DEGENERATIONS.

JOINT PAPER.*

BY EPHRAIM CUTTER, M. D., LL. D.,

*Gold Medallist of the Society of Science, Letters and Arts, London; Author
Boylston Prize Essay for 1857, on "Under what Circumstances do the
Usual Signs furnished by Auscultation and Percussion prove Fal-
lacious?" Principal Medical Department of Instruction
of the American Institute of Micrology, etc., etc.,*

AND

JOHN ASHBURTON CUTTER, M. D., B. SC.,

*Formerly Attending Physician to Dispensary No. 3, of the International Medical
Missionary Society.*

INTRODUCTION.

The animus of this contribution is the belief of the writers that *Trophopathy* (Trophos=food, pathos=disease), has more to do with the cause of the so-called incurable diseases than the profession gives credit to, and to show that our belief is founded on facts, we will immediately proceed to the consideration of the subject in the concrete, to-wit: The reading of some histories of patients that have been under our care.

CASE-HISTORIES.

CASE I. A little more than four years ago, a gentleman brought to our office a friend, who appeared to the Senior writer to be almost moribund; indeed, he feared that the man would die in the office. Examination showed the case to be suffering from an enlarged heart, a fibroid liver and Bright's disease of the kidneys; the urine contained albumen, casts and fatty epithelia. We will here make note that in our study of patients for the

*Read before the Section of Practice of Medicine, Materia Medica and Physiology of the American Medical Association, at its Fortieth Annual Meeting, 1889. By the Junior writer.

evidence of Bright's disease, little care is paid whether the casts are fatty, hyaline, waxy, etc. Amyloid bodies are usually found in the urine when the kidney is first breaking down. *But we consider no case to be full-fledged Bright's disease, till albumen, casts and fatty epithelia are found.* There may be any one of these three, or any two; it is a common matter to find such cases which are just hovering along the margin of health and disease and yet not full-fledged, so to speak. This patient, desperate as his case was, went under the treatment to be further on described, and recovered and would be here to-day for your examination if possible; his heart, liver and kidneys are now doing healthy work.

CASE II. About one year before his death, America's greatest laryngologist, Dr. Louis Elsberg, came under the care of the senior writer. His case was one of Bright's disease with all the signs as before enumerated. He was placed on a rigid diet and would take no medicine. This regimen he followed out for months and all of the morphological and chemical evidences of his disease disappeared from the urine. He was then allowed some lee-way in his diet. The senior writer called one morning early at his office and found Dr. Elsberg at breakfast eating freely of all the starches and sugars that were placed before him. It was said to him, "Elsberg, if you persist in this reckless diet, you will kill yourself." The medical world knows how he died suddenly of pneumonia, perhaps Bright's disease of the lungs.

CASE III. About four years ago, a millionaire was treated for two month's for Bright's disease of the kidneys and lungs. At the expiration of that time feeling *too poor* to continue under a physician's care, he undertook the direction of his case; ate wrongly, overworked, and while superintending some repairs in his house, was poisoned by sewer gas. The doctor was sent for again, but the good work that had been done for him in the two month's of treatment was thoroughly undone and he died.

CASE IV. June, 1880, the senior writer called to see primipara in a non-professional way. She was in three weeks of her expected confinement, and to his horror he found her bloated, and on examination the urine proved to be heavily albuminous

and contained casts and fatty epithelia. She was placed on rigid diet, but labor came on in thirty-six hours and she was easily delivered of her child, which weighed but three and a half pounds. The placenta was covered with numerous elevations which under the microscope proved to be made up of plates of cholesterine. Two days after confinement, a steam fire engine came to the corner near the house in which she lived and fastening to a hydrant commenced to pump. The noise worried her; entreaties to the engineer to desist were of no avail and the poor woman went into convulsions. The senior writer arrived soon afterwards. She was kept under the influence of ether and was purged, but the convulsions did not cease till thirty-six hours had elapsed. She was placed on a diet of beef tea; no medicine. Later on, broiled steaks were given her. The face was drawn to the side and her brain was very weak. The regimen was persisted in till the pathological evidences were removed from the urine and since this time her diet has been two-thirds animal and one-third vegetable food. She has borne two more children both of whom are much more rugged than the first.

CASE V. Mrs. Blank went on treatment about four years ago, and on thorough examination was found to be sick with fibrous consumption, Bright's disease, and a small fibroid tumor of the womb about the size of a mau's fist. The evidences of Bright's disease disappeared; the fibroid tumor has gone and we can say that she is cured of her fibrous consumption if there is such a thing as a cure of a chronic disease. She is now passing through the change of life and can by no means be called a thoroughly well woman, yet if she is here to-day, I think you will find on talking with her that she considers the diseased condition above described, as not troubling her now.

CASE VI. Three years ago, a young married woman came to our office and was found to be sick with Bright's disease of the kidneys, indeed it is rare to find urine that contained as many casts and of all kinds as hers did. She was placed on treatment and in one month's time the pathological evidences had nearly all disappeared. She persevered and is to-day enjoying good health.

CASE VII. The Rev. —, treasurer of a great Missionary Society came under our care at about the same time as Case VI. He also had Bright's disease. He went on treatment, though keeping at his work. His loss of flesh and strength at first, greatly disturbed his wife, and it was hard work to make her believe that he should be held to the plans. After three months he took a vacation in Maine, still pursuing the plans of diet and medication, and in the fall came back to work. This case may be called *in progress*. His occupation is a very laborious one, tiring to the mind and full of worry. At the present he is under the plan of two-thirds animal and one-third vegetable food, eating one kind of meat and one vegetable at a meal. * June 18, 1889, his specimen presented no casts, no fatty epithelia and but a trace of albumen. Yet he tells us that he has never in his life worked so hard as the last month and wonders that he holds on as well as he does.

CASE VIII. In 1877, the senior writer saw in consultation a lady who was said to be dying of Bright's disease and that the attending physicians wished blood to be transfused into her veins. She was as white as the sheets she lay between, was vomiting and her urine confirmed the diagnosis made by the attendants. Before going back to Boston to get instruments to transfuse with, the senior writer sat down beside her and taking a diet list from his pocket asked her if she could eat the different foods as named thereon. She said *no* till tripe was mentioned, and replied that she could eat that. So ordered. On returning with instruments the next day he was told that there was no need of operating, as the patient had retained the tripe and was better. In March, 1886, we were in this neighborhood operating on a case of uterine fibroid. The father expressed a desire to the son to see if this patient was alive, and on calling on her attending physician learned that she was, and on visiting her, found a large florid woman who said "that she was not much for work, but was far from being dead." It seems that she lived on tripe and milk warm from the cow and other animal foods for over two years. By that time the evidences of Bright's disease had gradually and wholly disappeared from the urine.

CASE IX. Some years ago, Miss A. B., aged twenty-four years, was put on strict diet for her fibroid, which was of some years standing, monolobed, interstitial, hard, invested the whole uterus and extended beyond the navel. She ate beef mostly, with clear tea and coffee, and took a simple tonic. It was much against her appetite, but, as she was of few words and of a determined will and had confidence in her medical adviser, she persevered until the uterine fibroid had all disappeared, and she remains to-day in perfect health. At present, in handling these cases of uterine fibroid, both diet and galvanism are employed, the latter according to the rules laid down by the senior writer in 1871. No one can say that this case was cured by menopause, as so many medical agnostics as to the curability of uterine fibroids by either galvanism or food or both, claim. The history of the last eighteen years has proved conclusively that uterine fibroids are no longer opprobria medicorum.

CASE X. In 1882, Mr. H. L. R., a small not robust man, over sixty years of age, for many years had difficult digestion, caused by over-feeding of vegetable food, so that the stomach was distended, walls infiltrated and hardened, causing a fibroid condition of the organ. When seen by the senior writer, he had been under treatment by Dr. Salisbury with hot water, chopped beef diet, stomachic medicines, etc. He ran down rapidly under the treatment, vomiting often and severely; throat sore and deglutition difficult, emaciation, weakness, some fever at times. He had fainting fits and appeared so moribund, that his wife thought he would die in her arms. His hands, feet and legs were cold, circulation feeble, stomach distress great, mind clear and tractable. There was also complete dullness on percussion over the hepatic region, the abdomen empty, walls drawn toward spine, flat, hard, not tender. He took no food by the mouth, but milk by the rectum. Was given nitric acid sponge baths, one teaspoonful to one pint of water, night and morning. Biniiodide of mercury, 1-16 grain, was given twice a day; one grain of the sulphate of quinine was sprinkled once in two hours on the tongue, which was white and coated. Compress of linen cloth wet in the nitric acid was placed over the hepatic region and kept there

till the skin was red. Though the vomiting continued for a little time the effect of the rectal aliment told. The administration of mercury was followed by a diminution of the liver dullness. Soon he was able to take the beef essence by the mouth; though he had no appetite, still he kept taking it and by degrees increased the amount till the essence of six pounds of beef daily was used by oral and rectal alimentation. Moving very carefully; the rectal administration was given up and the beef essence continued by the mouth. The case slowly improved, the urine showing less and less re-action of bile, the dullness of the liver running abreast, with the exception of a few days—that is, the dullness diminished with the diminution of bile in the urine. In the course of six weeks the appetite returned, former treatment was resumed, and he remains cured, 1889.

CASES XI, XII and XIII, were all sick of Bright's disease in 1878, 1880 and 1884. Cases xi and xii each about sixty years of age; case xiii, 24 years old, all practically treated on same plans and all here to-day for your inspection as cases of cures of a so-called incurable disease.

CASE XIV. 1876 a middle-aged mother of a large family lay sick in bed of great grief at the loss of her last surviving daughter who had died from the effects of perforation of the vermiform appendix by an orange seed. There were present cardiac hypertrophy and insufficiency of the left auriculo-ventricular valve—severe attacks of angina pectoris when it seemed that death was near. The objective lesions other than those named were retroversion, engorgement, hardening, eversion of the os uteri; and behind the uterus, four, small, hard, marble-like tumors; very severe pain, sharp and stinging in the pelvis mostly; profuse vaginal discharge, not bloody; menorrhagia. Added to this there was loss of appetite so complete that everything in the nature of food was loathed, even milk being repulsive; loss of flesh and strength, being unable to rise erect for ninety days; inability to lie on either side for most of the time; nausea; legs cold and sweaty up to the knees; oft-times great stomach distress, with wind colic; urine high-colored and of a rank smell as if putrid; bowels constipated; a terrible feeling of nervous

restlessness, causing her to move her feet rapidly up and down in the bed; visitors coming and assuring her by their looks and actions that she was about to die. Added to this there was cancer in her family; her father having died of cancer of the stomach, and her maternal grandmother of cancer of the breast.

She was put on general and local treatment, and it was faithfully carried out in connection with good nursing; but she gradually grew worse until at the expiration of three months the symptoms were so alarming that the senior writer was obliged to take strong and decisive grounds, and to tell her, "You must eat, or die of cancer of the womb. Make up your mind to one or the other." She decided to live and to eat; eating against her appetite, but with her intellect and reason and the advice of her medical attendant. She began with tenderloin steak, broiled and cut fine. The most she could take at first was a quantity represented by two teaspoonsful; these she swallowed by a desperate effort, her stomach rising against it. She was fed every four hours. Even after she had fed thus for weeks she felt she *would rather die almost than eat*, but battled against appetite by sheer force of will. The only way she could get down the beef was by swallowing one mouthful of lager beer, which was the only article which did not go against her stomach. The quantity of meat was increased gradually and she was fed for two months against the appetite. The nausea, however, left in about three or four weeks, at this time she was able to move some, and was placed in a Cutter invalid chair part of the day. After two months of feeding she was taken carefully to the seashore, and there she began to get an appetite, but it took one year before she could walk five hundred feet. This case did not fear death, but the form. The results obtained by food are in her case:

1. Heart normal in size.
2. Valvular insufficiency hardly perceivable.
3. Angina pectoris gone.
4. Uterine disease relieved, tumors disappeared, uterus mobile, discharges normal.
5. Urine clear as champagne, 1015—1020 specific gravity; no odor; no deposit on cooling.

6. Restoration to active duties as housekeeper and mother of the family.

No medicine was given after the food treatment, save Hoffman's anodyne when she had palpitation of the heart and suffocation of breath.

When we state that this case is here to-day, we think our hearers will admit that we have a living argument that we cannot ignore as to curability of chronically diseased tissues. As the time is short we will give no more histories and proceed to the closing section of this contribution, to wit :

STATEMENT OF PRINCIPLES OF THERAPEUTICS.

1. All cases of serious chronic disease which come under our care are usually placed on a rigid diet of beef, from the top of the round, which is freed, either by the use of the American or Enterprise chopper, from all fat and connective tissue. The resultant is the pure lean muscular fiber which is moulded by the use of a knife and fork and broiled, served to the patient on a hot water plate and seasoned with pepper, butter and salt. In some cases, especially of fatty degeneration, butter not allowed. Too much care can not be given in the selection of the beef and in its preparation; the hand should touch the meat as little as possible, as the human animal heat changes the character of the muscle pulp; it is an art to prepare and broil the meat rightly; some mould the cakes too finely and resultant is not good for the patient. No physician or nurse should consider it an easy thing to prepare their beef properly. It is hard work to make patients live on rigid diet, hence all the help that the art and chemistry of cooking can give, should be utilized.

When the beef has been manipulated and broiled satisfactorily the result will be a cake of pure muscle, its outside thoroughly done and of dark color, on opening it, the color is reddish *but not raw*.

Season with salt, pepper, butter, lemon juice, Worcestershire sauce as desired. Exclude butter in bad cases of fatty degeneration.

2. In these days of hard work and too fast living, the busy man can do well if he eats but one meat and one vegetable at a

meal. If he has plenty of time to use in laying around, that is another matter; then let him live to eat, and vegetate while doing so.

3. Attention must be paid to that great gland, the skin, by giving the whole body a daily sponge bath of ammonia and water, and once a week a soap and water bath.

4. Passive exercise by rubbing and massage must be daily taken. A great amount of force can be placed in a sick person by the rubbing of him or her by a strong composed healthy man or woman. The well person may place one hand on the forehead and the other on the ankle or thigh of the sick one. Once in a while we find a case that will not be rubbed; i. e. the rubbing instead of conferring force to the patient and soothing him, will irritate and annoy him. When the patient is improving, the riding of a bareback horse at a walk, will confer force on him. Still later on, active exercise must be taken, as walking.

Riding in an easy carriage must also be used, as a means of passive exercise.

5. The patient's underclothing must be changed night and morning, and care must be taken by the physician to see that the patient is clad warmly enough. Some people do not know what is the proper amount of clothes to wear.

6. The morals of the patient must be attended to. We are often asked, "How do you make your patient eat beef? I cannot make mine." The reply is simply, "We make them." Those that come to us are usually sick enough to care to do most anything to get well. Indeed, they have been discouraged by the advices of friends and others that they could not be cured. Giving such a one the history of those that have been cured, even if as sick or sicker than the one about to commence treatment, and telling him that he is sick with a disease commonly called incurable, that he is curable, and that if he will join hands with us and work together for the desired end, then if the case consents, good can be accomplished. It is never right to say that you are going to cure a patient. Instead, let him know of his desperate condition and what his chances are. A case

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of chronic disease should go on treatment for from six months to two years. He should pay by the month and in advance. This ensures better work on the part of the patient.

His blood and urine, also fæces, must be studied to see how the case improves, to see how much lee-way can be allowed in his diet. He must be encouraged when in the slough of despond and must be held back when getting better and feeling improved, wants to rush into work again. The mind must be closely studied. Causes of worry removed as far as possible. The patient must be instructed that it is for his benefit for him to give up care and live with the minimum expenditure of nerve force.

7. *Medicine as commonly called.* There can be no question that in the treatment of these chronic cases, the food is the first and best medicine. If not so considered then take down your text books and read the matter found under the heading therapy and see what a hopeless enumeration of drugs there is. All that we can do is to get the nutrition on to a proper basis and turning the balance to the right side, i. e. towards health, wait and see what dame nature will do. The waiting is the hardest part of the trouble; so is waiting in all human affairs. But we must not forget that trouble has been caused by long continued acts of physiological sin, and it will take a long time of repentance and holy living to make the body whole again.

But if the cases here given have been accurately recorded and truthfully published, then it must be a fact, that as the human tissues are all the time changing, if we give nature a chance, she will lay down the healthy in place of the morbid. How far this principle extends, only time will tell. The paper of the senior writer in the Albany Medical Annals, July and August, 1887, on "Diet in Cancer" contains some very valuable facts as to the action of food influences in causing and curing tissues under mob law, rioting, as it were.

Sajisbury, in "The Relation of Alimentation of Disease" notes many experiments in the causation of chronic diseases by feeding different foods exclusively. We have before called on the profession to see that these experiments be repeated. If his observations are true, then they are of incalculable benefit to the

profession; if not, their status should be known. It is to be hoped that these experiments on men and animals may be repeated on a large scale *that we may know the truth.*

But as to medicines. Tonics are admissable. Pepsin used as indicated. Medicines to keep all of the glands in condition, are in order.

As to milk. A great many physicians are using the milk diet and with success in many cases. The condition of the urine as to biliousness when using milk must be ascertained. In our work, milk often disagrees with our patients. If given it should be taken warm from the cow, or should be sterilized. Milk is very capable of absorbing germs of many kinds, especially those that are producers of fermentative changes.

Lastly, the use of hot water, one hour before meals and on going to bed is warmly recommended. It is a medicine par excellence for the stomach, liver, and bowels. The water should be boiled (and spring water or distilled water is preferable), then cool down to a comfortable temperature. The position taken by the senior writer in 1883 in his small pamphlet "The therapeutical Drinking of Hot Water" is still maintained by him and corroborated by the junior writer. Hot water has undoubtedly proved to be the "Water of Life" to many a sick one.

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JOHN ASHBURTON CUTTER, M. D.

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ENDOMETRITIS: A CAUSE OF EPILEPSY.

BY J. N. SMITH, M. D., OF CUBA LANDING, TENN.

Patient, aged 17, began menstruating at fourteen, menstruation irregular up to the present time, when she was seized with an epileptic fit and I was summoned at once to see her. She lay unconscious until next day. Then she complained of a noise in her ears, severe headache and backache, and stated while standing on the floor with a paper in her hand a noise came in her ears and she fell unconscious. I began at once to seek the cause of the trouble and found her to be suffering from amenorrhœa, headache of a nervous character, abdomen increased in size at each monthly period, or at the time her period should appear; she had a severe cough which I termed catamenial bronchitis. Her expectoration was yellow and thick, and at her period mixed with blood. At times her face was flushed, at others it was of a greenish hue, with these exceptions her appearance was that of a healthy girl. Upon further examination I found her to be suffering from endometritis. Then I began the treatment as follows:

I first applied a solution of nitrate of silver according to agreement with Dr. P., who was called in to consult with me. She

being of a scrofulous diathesis I also prescribed iodide of potash and iron with intent to improve and tone up her general health. At her monthly periods I gave her fl. ext. ergot, and recommended a warm bath. I also cupped her at that time and kept up the continuous use of bromide of potash. But she did not seem to improve.

I then prescribed Aletris Cordial one teaspoonful three times a day all time, and Celerina to be given a teaspoonful three times a day for a week before her period, as the fits only returned at that time. I then discarded all other remedies but these, as the former seemed to do no good. To my surprise at the next recurring period, she menstruated, but not free enough, so I prescribed a continuous use of aletris cordial, under which she improved, menstruating regularly, and would have got entirely well but she quit taking medicine without my consent.

During this time I touched the os uteri occasionally with tinct. iodine; but when I prescribed the cordial it seemed to have a curative effect on the os which was inflamed. I think in the future, both of the above preparations will fill a valuable place in medicine. This is the first case of epilepsy I have noticed being entirely cured with celerina. But this patient has missed the attacks, now near six months.

Selections.

ERYTHROXYLON COCA; ITS VALUE AS A MEDICAMENT.—
During the last few years the therapeutic use of coca has been so greatly extended that it may be interesting and useful as a *résumé* to enumerate its many applications.

Although coca has, from its earliest introduction as a pharmaceutical product into France, enjoyed the highest professional recognition, this South American plant can hardly be said to have entered into current therapeutics. It is only since the discovery of the scientific application of the alkaloid of *Erythroxylon coca*, and since the important essays on the drug and the experiments

made with it, that physicians generally have studied and recognized its therapeutic value.

It is well remembered how, in former years, the virtues of the salts of quinine were held to entirely supersede those of cinchona; in like manner this inevitable error has arisen with coca, its alkaloid, cocaine, only having been considered by many.

In consequence of the tests made with cocaine, which, from a physiological point, have established the dose and the limit of its toxic effect, and, from a medical view, have brought to light cases of abuse which have resulted in more or less serious accidents, many have been led to regard the plant coca itself as a dangerous drug.

The proof of the therapeutic value of the coca leaf is clearly shown by the many excellent results obtained in practice with such reliable preparations of the drug as have been furnished the profession by that worthy pharmacist, Mariana.

As to the comparison which many of our *confrères* make between the preparations of cocaine and coca, we do not fear to state that, however sound may be the theory of preferring to administer certain alkaloids to administering a preparation of a plant of which the virtues vary according to where and how it was gathered, the place of its cultivation, its quality, and the constitution and nature of the preparation—we repeat, we do not fear to state that in the majority of cases, as the alkaloid does not contain all the active principles of the plant, it cannot be preferred, except in special cases where the particular action of the alkaloid alone is desired.

The fact is well established that the salts of quinine cannot replace the the extract, the wine, or the powder of cinchona, the tonic principles and the essential oils of which have, without doubt, shown a special therapeutic value; and I need merely cite the indisputable success obtained by Professor Trousseau with the powder of cinchona in checking malarial fevers which had resisted even the largest doses of sulphate of quinine. More especially cocaine cannot replace all the active principles and the essential oils of the leaf of *Erythroxylon coca*, as has been proved from the time of the earliest discovery and use of this plant.

In 1887, at the Institute of France (Académie des Sciences),

and in 1888 at the Académie de Médecine, I demonstrated that coca, by virtue of its active principals, had three very distinct, separate actions (published in the "proceeding") :

1. As an anæsthetic, acting upon the protoplasm of the terminations of the sensory nerves, preventing the transmission of sensations to the centers, the unconscious sensibility of Bichat.

2. As a nerve tonic, producing functional excitement of the cerebral and spinal nerve centers and increasing the intellectual and muscular activity.

3. As a tonic to the unstriped muscular fibres of the stomach, the intestines, and the bladder, producing functional excitement of the constrictor action of the great sympathetic nerve, with consequent functional exaltation of all the smooth muscular fibres or muscles of organic life.

The dissatisfaction produced and the complaints which are made that the plant is wanting in uniformity of quality and is unreliable in producing the desired effects, are due to the varying quality of the preparation.

An essential requisite to produce reliable uniform preparations of coca is a thorough knowledge of the origin of the leaf, its nature, and its quality.

Careful study and researches made by Mr. Mariani for many years as to the origin, the nature, the species, the culture of the different leaves of coca, and the care which he gives to his preparations, have been the means of placing at our disposal products uniform in quality and unvarying in their effects in those varied cases where their internal administration is called for.

I will cite but a few names among those of my many *confrères* whose accorded experience with the Mariani coca preparations coincides with my own, which I am about to set forth, based upon continued observation in hospital and private practice.

It has long been known that the natives used the coca leaves to lessen fatigue, to keep up the spirits, and to appease the cravings of hunger.

The first and main application of the "vin Mariani" is, therefore, as a general tonic for persons either physically or mentally overworked (Brown-Sequard, German Séé, Dujardin-Beaumetz,

Ball, Bouchut, A. McLane Hamilton, A. E. Macdonald, A. L. Ranney, L. C. Gray, L. Weber, Carlos F. Macdonald, H. M. Lyman, I. N. Danforth, P. S. Conner, J. K. Bauduy, C. H. Hughes); in convalescence after lingering, wasting diseases, where nourishment is needed and where it would be dangerous to overcharge the stomach; with all whose recovery is tardy from wasting or constitutional weakness; in chlorosis, anæmia, and rachitis (Ch. Robin, Durand Fardel, Gubler, De Pietra-Santa, Fordyce Barker, Isaac E. Taylor, A. L. Loomis, W. T. Lusk, F. P. Foster, C. C. Lee, J. J. Henna, L. L. McArthur).

It is further used in diseases more specially referable to atony of the smooth muscular fibres, among which we class atony of the stomach. In dyspepsia, in those very common cases where this organ has become weak and torpid, is distended, and fails to secrete gastric juice, coca is well indicated (De Saint-Germain, Cottin, Dieulafoy, Salemi, Companyo, Rabuteau, A. J. C. Skene, P. A. Morrow, T. C. Giroux, Hunter McGuire, E. R. Palmer, O. O. Burgess, J. R. Leaming, Daniel Lewis, T. E. Satterthwaite, W. H. Pancoast, D. F. Woods, J. N. Hyde, L. G. N. Denslow, J. Leonard Corning).

It is also serviceable in weakness of the vocal cords, in the case of ministers, singers, actors, teachers and orators (Ch. Faugel, Morell Mackenzie, Lennox Browne, Botkine, Cozzolino, Zaverthal, Poyet, Coupard, Fraenkel, Marius Odin, Labus, Massei, Louis Elsberg, R. P. Lincoln, Beverly Robinson, W. C. Jarvis, H. H. Curtis, C. C. Rice, C. E. Sajous, E. Fletcher Ingalls, H. Schweig, T. R. French).

It is, moreover, of value in weakness of the vascular organs, with the anæmic, the plethoric, where, principally on the face, the small blood-vessels show enlargement or venous arborescence which points to a similar state in the vessels of the nervous centers. The same vascular weakness is also observed with the varicose, in whom coca is indicated; likewise with the paraplegic, with whom it regulates the circulation of the nervous centers (Bernard, Bétancès, Landowski, Casenave-Delaroche, Gazeau, Rabuteau, V. P. Gibney, Robert Newman, E. B. Bronson, J. E. Janvrin, B. McE. Emmet, W. O. Moore, W. J. Morton, D. W. Yandell, J. H. Etheridge).

It may be also as a regulator of the nervous centers that the intusion of coca known as the Mariani produces such marvelous results in mountain sickness, in sea sickness, and in the vomiting of pregnancy. It is well remembered how this preparation sustained the illustrious General Grant during several months (Cuffer, Letellier, Dèrrècagaix, Trossat, Bouloumie, Dechambre, Fordyce Barker, G. F. Shradly, J. H. Douglas, H. T. Hanks, G. R. Fowler, J. M. Keating).

From a psychological point of view and from mental pathology it may be stated that coca is the only drug which successfully combats melancholia; low spirits, and all forms of depression of the nervous system, upon which it acts "like fulminate," to use the felicitous expression of Professor Gubler.—*Marc Laffont, M. D., Prof. of Physiology at the Faculty of Lille, France, in N. Y. Med. Journal.*

INDIVIDUAL PROPHYLAXIS.—It is not strange, perhaps, that the Chinese who live so nearly opposite us on the globe should have many customs which are directly opposed to ours; but one peculiarity of this people strikes us as smacking of the zenith rather than of the nadir, and that is this: It is said that physicians are compelled to recompense patients who fall ill, instead of receiving fees for restoring them to health.

Why should not the physician's duty be that of the director of the right and the warner against the wrong way of life, physically speaking; that of the "*cane carsem*," rather than merely to try to restore their pristine health to those whom the results of heredity or indiscretion have overtaken? This, of course, presupposes that to perform this office the physician is amply rewarded, and that, too, with a readiness, promptness and willingness equal at least to that with which insurance dues are settled.

It is indeed strange that in a country where a strong, general sentiment demands laws to be made requiring ships, bridges, boilers and engines to be inspected at stated intervals, lest from the effects of use and years some accident occur, dangerous or fatal to human life, yet individually the masses are so careless about the mechanism of their bodies, a mechanism more complex

and delicate than the mind of man ever conceived, or can probably ever grasp, that little or no attention is given to this vital apparatus, until it is markedly and irremediably hurt.

Boiler experts and bridge experts and ship experts are not expected to pump out and raise the sunken vessel, or to rebuild the ruined structure, or gather together the remnants of the bursted boiler; but their duty is to guard against these accidents. Such, too, in his own department should mainly be the employment of him who is skilled in medicine.

Are there not myriads of instances in which an ounce of prevention would have been worth not only a pound of cure, but worth the inestimable value of a human life? The diseases illustrative of this are many, such as: certain heart and liver affections, consumption, diseases of the nerves and the bones, Bright's disease, and diabetes mellitus, glaucoma, otitis media, and malignant growths of various kinds.

The general term "heart disease" covers a number of maladies affecting that organ; but a peculiarity common to most of them is, that they cause no marked subjective symptoms, and the afflicted person knows nothing of the abyss over which he stands. In blissful ignorance he eats and drinks whatever tickles his palate, and as much as he chooses. He walks, or runs, or jumps with the best; he works long hours, and as vigorously as any. In short, he forges ahead through life at the same high pressure as he whose vital machinery is in perfect order, until some day this central organ, persistently overtaxed, strikes work. A gasp, a cry, a fall; and the next day we read: "Mr. Edwards suddenly fell dead yesterday afternoon of heart disease. Mr. Edwards had always been an active business man, apparently of rather exceptional health, and none supposed for a moment that he was affected with so dangerous a malady."

Mr. Edwards died at thirty, forty or fifty, let us say, whereas, if his condition had been known, and he had lived in the manner and on the dietary prescribed by an intelligent physician, his days might have numbered fifty, sixty or seventy years, ending at last, perhaps, through some intercurrent disease.

Another still more prominent affection is consumption. This

is truly the able ally of the "Fell Destroyer," for far more fall victims to this than to any other disease in the category. And yet, if the first indications of the inflammatory process, the beginning infiltration of the connective tissue stroma, or of the degeneration taking place in the products of a catarrhal pneumonia, were well recognized and proper hygienic and medicinal measures enforced, a large proportion of these lives could be saved. This beginning is usually slow, and considerable time elapses before such degeneration has occurred that a suitable and inviting nidus is formed for the bacillus tuberculosis. But when once this micro-organism has invaded the weakened tissue, the patient's chances are, as all know, infinitely less.

Two other diseases might be mentioned which resemble consumption in having an insidious beginning, and an almost certainly fatal end; these are cirrhotic Bright's and diabetes mellitus.

With regard to the latter, we hear that often the first warning the individual has of something wrong is that on urinating upon the ground he notices spots, deposits of sugar left by drops of urine which have splashed against his trousers. Others, again, have their attention first attracted through having to urinate so often. But by this time the disease has usually gotten such hold on the system that little can be done to hold it in abeyance.

Cirrhotic Bright's is, perhaps, a still more insidious trouble. A patient will at last consult a physician for this or that symptom of a weakened vitality, not suspecting the kidneys, and can sometimes hardly be persuaded of the gravity of his case.

Much, too, might be said of malignant growths of various kinds, such as epitheliomas of the lips, cheeks, hands, and of the general surfaces of the body, carcinomas of the breast and the cervix uteri, and of the different attainable parts, likewise of the various sarcomas. All these neoplasms have a small beginning, and if this small beginning fell under the eye of a competent surgeon, the probability is that further growth would be prevented by its excision. But this start is so very small that the patient either thinks it nothing, or altogether fails to take notice of it; or if the patient be a woman, she is too prudish, perhaps, to mention her secret trouble till the increasing growth has infil-

trated the surrounding tissues, has grasped in its clutches some vital structure, or has spread to distant parts, so that when finally she is compelled to seek relief, either the chances are desperate or no hope can be given. Such a case is frequently seen in our hospitals.

A child, with its tender heel, can easily crush out of existence a wriggling worm; but he who treads on an anaconda probably treads on his doom. A little trickling leak in a dyke can be stopped by a boy's chubby fist, but the waves surging through a crevasse will devastate a whole country.

The point it is desired to make is this: the great importance and advantage to each individual of having himself subjected to a thorough periodical inspection by a good physician. Let the habitat of a human life receive attention at least equal to that which an ordinary boiler gets. Let him be examined from head to foot, and his condition be fully stated, should that be deemed proper.

In such a way could many of these insidious, long-standing and troublesome, dangerous or fatal diseases be warded off, ameliorated or cured; and surely the sum of human life and happiness would thus be greatly increased.

Here is the most promising field to-day for the general practitioner, the assiduous cultivation of which would go far towards restoring him to his rightful position, and pull down the specialist from the pre-eminence he has usurped. But—the bright men of the day are specialists, while the general practitioners are to deeply suken in their ruts to see over their margins.—*Times and Register*.

SURGICAL SHOCK—ITS PATHOLOGY AND TREATMENT.—The term "shock" was originally employed to designate any case of sudden death or collapse, following an injury or mental emotion. With the increase of physiology, and the advancement of pathology, the term has become more and more definitely associated with the idea of a powerful impression on the nervous system, causing a sudden check to the circulation and depression of the entire functions of the body.

From a drachm to a half ounce and six drachms of brandy or whiskey, given every fifteen or thirty minutes, according to the requirements of each case, will answer to the majority of cases. Brandy and whiskey are sometimes given hypodermically, but better results may be obtained from the use of strychninæ sulph., gr. 1-40 1-20, the effect guiding the frequency of administration.

For the failing heart, respiration and general depression of the nervous system, a very effective hypodermic injection can be made by the conjoined use of digitaline, gr. 1-100, atrophine sulph., gr. 1-20 1-80, and strychnine sulph., gr. 1-60 1-30. Ether, when injected beneath the skin, in doses of twenty to sixty minims, will in a few seconds powerfully increase the action of the heart, and, in addition, act as a general stimulant. If there should be much restlessness, an opiate, in the form of morphinæ sulph., will soon answer the purpose. When the patient can swallow, the ammon. carbonat., gr. v to viii, given every hour or two, will produce the most decided effect as a general stimulant.

When reaction takes place, a second indication arises, to moderate it as much as possible and prevent a resulting inflammation. The stimulants should be used with caution, gradually lengthening the interval and afterwards diminishing the quantity; but now, nourishment of a more lasting character is required, as animal broths, wine, whey, milk, and milk punches.

Anodynes, as morphine and the bromides, are always well borne after severe shock, and they overcome the restlessness which is often present.

To patients requiring an operation, the question occasionally arises, as to the propriety of operating before reaction has taken place. As a general rule it is better to defer operating until reaction is commencing or has taken place, but the main guide is the severity of the shock. If it is so grave as to be questionable whether reaction can set in, every means should be employed to restore him before operating; yet the requirements of the case may be such, as to prevent the giving of two, three, or six hours for reaction. In other words, we will find that each patient must serve a law unto his own requirements.—*Henry Jarrett, M. D., in Times and Register.*

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Reviews and Book Notices

THE NATIONAL MEDICAL DICTIONARY, INCLUDING ENGLISH, FRENCH, GERMAN, ITALIAN AND LATIN TECHNICAL TERMS USED IN MEDICINE AND COLLATERAL SCIENCES, AND A SERIES OF TABLES OF USEFUL DATA. By JOHN S. BILLINGS, A. M., M. D., LL. D., Edin., and Harv., D. C. L. Oxon. Member of the National Academy of Sciences; Surgeon U. S. A., etc., etc. With the collaboration of Drs. W. O. Atwater, Frank Baker, S. M. Burnett, W. T. Councilman, James M. Flint, J. A. Kidder, William Lee, R. Lorini, Washington Matthews, C. S. Minot, H. C. Yarrow. In two royal 8 vo. Volumes. Vol. I.—A to J—Pages xlvii—731. Vol. II.—K to Z—Pages 799. Lea Bros. & Co., Publishers, Philadelphia, 1890.

Ah! At last we have it; and a most excellent one in every way is the National Medical Dictionary. It is doubtful if any one could be found better qualified, or with better advantages than Dr. Billings to give us a reliable medical dictionary and one that we are confident will become standard. Dunglison's Dictionary for more than a score and a half years has held undisputed the position as a recognized authority in this country, on all words and terms connected with medical literature, but for some reason that work is being allowed to pass out of print, and its successor the National can but succeed to the position so long held by it.

By reason of his excellent educational qualifications, his energy, indefatigable efforts in everything he undertakes, and his familiarity for so many years, with the largest medical library in the world, we feel fully assured that all the words and terms admitted by Dr. Billings in the work, will be authoritatively correct in spelling, definition, and pronunciation. A hasty, but somewhat extended examination of the two grand volumes, indicates that he has carefully introduced all the latest words and new coined terms with which medical literature has of recent years been burdened, thus making it truly indispensable to the progressive physician. The arrangement in two volumes we can commend—

rather than to have so large a mass of matter in one large unwieldy volume. Any one using the work, will in a short time be able to refer to any word needed more readily, whether occurring in the first volume from A to J, or from K to Z, in the second, than could be done in a single volume of double bulk and weight.

The handsome typographical execution, the excellent paper and binding, the large, clear type, arranged in double columns are commendable features, and are fit accompaniments to the literary labors of an author of such world-wide reputation for scholarly attainments, energy and ability. Important features enhancing the value of the National Medical Dictionary, are the series of tables to be found in the first volume, which will prove of incalculable value to the working physician, and which are compiled from works only to be found in large libraries. These tables include a list of doses, antidotes in common forms of poisoning, etc., the inch and metric system of numbering spectacle-glasses, thermometric scales, average dimension of foetus at different ages, tables of average dimensions of the parts and organs of the adult human body, and of the weights of organs, tables of percentages of nutritive ingredients in many foods, the proportions that are actually digestible, their potential energy, standard for dietaries for different classes, occupations, corpulence, etc. A life-expectation table, devised from the records of American life insurance companies, is also found here, which can but prove serviceable and instructive.

PRINCIPLES AND PRACTICE OF SURGERY. By JOHN ASHURST, JR., M. D., Barton Professor of Surgery and Professor of Clinical Surgery in the University of Pa.; Surgeon to the Pennsylvania Hospital; Sr. Surgeon to the Children's Hospital; Consulting Surgeon to the Woman's Hospital; to St. Christopher's Hospital; and to the Hospital of the Good Shepherd, etc., etc. 5th edition, enlarged and thoroughly revised. With 642 illustrations. 8 vo., Leather, pp. 1148. Price, Cloth \$6.00; Leather \$7.00. Lea Bros. & Co., Publishers, Philadelphia, 1889.

A complete and most excellent work on Surgery, as we have had occasion to say of its preceding editions. Furnishing in as concise manner as is compatible with clearness, a condensed but

comprehensive description of the modes of practice now generally employed and accepted in the treatment of surgical affections, with a plain and instructive exposition of the principles upon which these modes of practice are based.

In revising his work for a fifth edition, the author has used every effort to render it worthy of a continuance of that favor with which it has heretofore been received, and has incorporated in it an account of the most important recent observations and developments in surgical science, together with such novelties in surgical practice as have seemed to him to be really improvements; and has made such changes as have been suggested to him by his vast personal experience as a clinical teacher and practical surgeon.

The general arrangement of the volume is the same as in previous editions; beginning first with a carefully arranged consideration of the important subject of inflammation, after which follows anæsthetics, minor surgery, amputations, surgical injuries and surgical diseases, concluding with diseases of the male and female genital organs. All parts have been most carefully revised, and, though by a change in the typographical arrangement of the book, much space has been gained, yet so large an amount of new material has been added as to require the addition of about thirty pages. The entire amount of new matter amounting to about one-eleventh of the volume.

The number of illustrations has been greatly increased by the introduction of a large number of original cuts, chiefly from drawings and photographs, and of electrotypes showing new and improved forms of instruments and appliances.

The work needs no commendation at our hands. It is only necessary to examine it to see at once its excellence and real merit, either as a text-book for the student, or guide for the general practitioner. While not as large as the monumental work of Gross, or that of Erichsen, fully considering in careful detail every surgical injury and disease to which the body is liable, every advance in surgery worthy of notice to be found in the literature of surgery having been carefully considered and noted in its proper place, it is unquestionably the best and most

complete single volume of surgery in the English language, and cannot but receive that continued appreciation its merits justly demand.

STUDENTS' AIDS SERIES. 12 mo., Cloth. Vol. I, Diagnosis; II, Therapeutics and Materia Medica; III, Medicine; IV, Obstetrics and Gynecology; V, Anatomy, Surgery and Physiology; VI, Chemistry, Forensic Medicine and Toxicology. G. P. Putnam's Sons, Publishers, New York, 1889. Price per volume, 75 cents.

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Vol. II., contains the Non-Metallic and Metallic Elements, Alcoholic and Ethereal Preparations in Part 1; the Vegetable and Animal Substances in Part 2, by C. E. Armand Semple, M. D.; while Part 3, on Rational Therapeutics is furnished by J. Milner Fothergill, M. D.

Vol. III., contains in Part 1, the General Diseases; Part 2, the Pathology of the Urine: and Part 3, Diseases of the Brain, all by C. E. Armand Semple, M. D.

Vol. IV., comprises Part 1, Aids to Anatomy; and Part 2, Aids to Surgery, by George Brown, M. D.; and Part 3, Aids to Physiology, by B. Thompson Lowney, M. D.

Vol. V., Part 1, is devoted to Obstetrics, by Samuel Nall, M. D.; and Part 2, to Gynecology, by Alfred S. Gubb, M. D.

Vol. VI., provides in Part 1, Valuable Aids to Chemistry, by C. E. Armand Semple, M. D.; while in Part 2, Forensic Medicine and Toxicology claim the attention of W. Douglas Hemming, M. D.

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A TEXT-BOOK OF ANIMAL PHYSIOLOGY, with introductory chapters on General Biology and a full treatment of reproduction, for Students of Human and Comparative (Veterinary) Medicine and General Biology. By WESLEY MILLS, M. A., M. D., L. R. C. P. (Eng.) Professor of Physiology in McGill University and the Veterinary College of Montreal. With over 500 illustrations. 8 vo., Cloth, pp. 700. Price, \$5.00. D. Appleton & Co., Publishers, New York, 1889.

Professor McGill, recognizing the fact that the mind of the student is apt to be confused by the former methods of teaching physiology by means of experiments on lower animals, without a proper knowledge of their physiological functions as differing from those of mankind, has endeavored to institute a reform by which he hopes to do away with the evil. With this view in mind, he has devoted the first part of his excellent work to the study of both vegetable and animal organisms, lowest in the scale of development. From these, the gradual evolution and development of the more highly organized animals is traced, with special attention to the process of reproduction. He well describes the vital functions of the human species, comparing them with those pertaining to the lower forms of life. He makes earnest effort to enable the student to become an observer and an investigator, bringing to his knowledge and understanding the modes in which laboratory work is carried on; and demonstrating the simple ways of verifying the essential truths of physiology.

The summary concluding each chapter, we regard as a most important feature of the work, both as a means of recapitulation

of the subject matter that has been elaborated, thus fixing it more permanently in the memory; and as a means of ready reference to the various great truths that have been under consideration.

The book is an embodiment of the author's course of lectures, which have given eminent satisfaction, and it is essentially, from first to last, an educative work. The illustrations, even in their abundance, have been well chosen from the best available sources, and are largely supplemented by original diagrams of the author.

The publishers have left nothing undone that could add to the excellence of so valuable a work.

ANÆSTHETICS, ANCIENT AND MODERN: Their physiological action, therapeutic use, and mode of administration; together with an historical resumé of the introduction of Modern Anæsthetics—Nitrous Oxide, Ether, Chloroform and Cocaine; and also an account of the more celebrated Anæsthetics in use from the earliest times to the discovery of Nitrous Oxide. By GEORGE FOY, F. R. C. S.; Fellow of the Royal Academy of Medicine in Ireland; Surgeon to the Whitworth Hospital, Dumcondra; Author of "Science and Civilization," "Medicine during the Commonwealth," etc., etc. Balliere, Tindall & Co., Publishers, London, 1889, forwarded by Messrs. West, Johnston & Co., Booksellers and Stationers, Richmond, Va.

The greater part of this excellent little work was first published in a series of articles in 1888 and 1889, in the *Dublin Journal of Medical Science*. It comprises a very full historical sketch of the subject of Anæsthesia from the earliest times to the present; including full details of all the latest accepted plans and methods resorted to in Anæsthesia.

AN EXPERIMENTAL STUDY IN THE DOMAIN OF HYPNOTISM. By DR. R. VON KRAFFT-EBING, Professor of Psychiatry and Nervous Diseases in the Royal University of Graz, Austria. Translated from the German by Chas. G. Chaddock, M. D., Assistant Physician Northern Michigan Asylum. 8 vo., Cloth, pp. 129. Price \$1.25. G. P. Putnam's Sons, Publishers, New York, 1889.

The subject of hypnotism is a most interesting one, and its domain one of mystery. The interesting case of which the clin-

ical history is given, and the various phenomena and phases of the hypnotic state, so graphically delineated in this monograph, together with the deductions of Prof. Krafft-Ebing give an unusual value to this little brochure. In it is comprised the observation of a writer whose has largely been connected with the progress of knowledge of the phenomena comprehended in the term "insanity," and to whose opinion alienists accord the consideration due an authority.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Consisting of Original Treatises and Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. 8 vo., Leatherette. Published monthly by Wm. Wood & Co., 56 and 58 LaFayette Place, New York, 1890. Price \$10.00 per year; \$1.00 for Single Copies.

The January, 1890, issue, Vol. V., No. 1, of this valuable series contains the following :

"Neuralgia ; its Etiology, Diagnosis and Treatment," by W. R. Gowers, M. D., F. R. C. S.; "Prognosis of Diseases of the Heart," by Prof. E. Leyden, Berlin ; "The Spectrum ; a Contribution to Clinical Diagnosis and Practical Examination for Tubercle Bacilli," by Peter Kaetzer, M. D. ; "Hypnotism ; its significance and management briefly presented," by Dr. August Forel ; "The Forms of Nasal Obstruction, in relation to Throat and Ear Diseases," by Greville MacDonald, M. D.

RESPIRATORY FUNCTIONS OF THE NOSE, AND THEIR RELATION TO CERTAIN PATHOLOGICAL CONDITIONS. By GREVILLE MACDONALD, M. D., Lond.; Physician to the Throat Hospital, etc. 8 vo., Cloth, pp. 72. Houghton, Mifflin & Co., Publishers, Boston and New York, 1889. Price \$1.25.

In this handsomely printed little brochure, we find the following subjects very ably considered: 1. Experimental Physiology of the Nasal Respiratory Functions, including (a) the Degree to which the temperature of the air is raised by the Nose ; (b) the degree of humidity acquired by the Air ; and (c) the chemical changes that take place in the Air in passing through the Nose.

2. On the Structure and Function of the Inferior Turbinate Body. 3. The Relation of the Physiology of the Nose to certain pathological conditions.

MONOGRAPHS. 12 mo., Cloth. Lambert & Co., Publishers, St. Louis, Mo.

Under the above title, the Lambert Pharmacal Co., of St. Louis, have issued a most excellent little volume containing Monographs on the following subjects: Chronic Nasal Catarrh, by George Morewood Lefferts, A. M., M. D.; Media Purulenta, by Dudley S. Reynolds, M. D.; Atrophic Nasal Catarrh, by Carl Seiler, M. D.; Summer Diarrhœa in Children, by Isaac N. Love, M. D.; Treatment of Whooping Cough, by John M. Keating, M. D.; Personal Experience in Diphtheria, by Bedford Brown, M. D.; Pyogenic Membranes, by W. W. Dawson, M. D.; Fistula in Ano, by Joseph M. Matthews, M. D.; Treatment of Ovarian Cysts, by Geo. F. French, A. M., M. D.; The Present Status of Antiseptic Surgery, by Wm. Tod Helmuth, M. D.; Operative Wounds and Germicides, by Henry O. Marcy, A. M., M. D.

THE INTERNATIONAL MEDICAL ANNUAL, 1890. A Complete Work of Reference for Medical Practitioners. Eighth Year, 8 vo., Morocco Cloth, about 600 Pages, Illustrated. Ready early in 1890. Edited by P. W. WILLIAMS, M. D., Secretary of Staff. Assisted by a Corps of Thirty-Seven Distinguished Collaborators widely known in Europe and America. Price, \$2.75; Post Free. Uniform with Treat's Medical Classics.

The Annual has the largest circulation in the United States, Great Britain, Australasia, Canada, and the British Provinces, of any Medical Periodical (not a newspaper) published.

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MARIANI & Co.'s New York address is No. 52 West Fifteenth St., and not West Fourteenth, as it incorrectly appeared in our January number.

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IRON AS A TONIC.

Pil. Chalybeate and Chalybeate Comp.

Iron, (says *Le Progress Medicale*) is one of the most important principles of the organism, and the only metal the presence of which is indispensable to the maintenance of life. It exists in all parts of the system, but nowhere does it acquire such importance as in the blood. The blood of a person in good condition contains about 45 grs. of iron, when this amount is diminished a decline takes place—the appetite fails, the strength is enfeebled, and the blood loses its fine natural color and quality. In a great number of diseases, such as Anæmia, Chlorosis, Hemorrhages, Debility, etc., it sometimes happens that the blood has lost half its iron, and to cure these diseases, it is absolutely necessary to restore to the blood the iron which it lacks. The problem has been to find a preparation of iron in the proper form for penetrating the organism without unduly taking the digestive tract or interfering with the essential qualities of the gastric juice. A preparation containing iron in such a state is scientifically prepared by Wm. R. Warner & Co. under the name of Pil. Chalybeate. It is prepared in such a way that Carbonate of Potash and Sulphate of Iron are compounded so that they do not combine until they are taken into the stomach: there the reaction takes place, and the Proto-Carbonate of Iron (Ferrous Carbonate) is formed without any excess of air, thus forming a salt which is quickly assimilated and the therapy of the preparation is soon shown by its effects. It will be seen in taking these Pills that neither constipation nor other ill effects will result from their use. It has been proven in clinical practice that in cases of Chloro-anemia the Pil. Chalybeate as prepared by Wm. R. Warner & Co. will regenerate the red globules of the blood with a rapidity not before observed under the use of any other ferruginous preparation, it adding to their physiological power and making them richer in coloring matter. Moreover, being neither styptic nor caustic (as just enough carbonate of potash and sulphate of iron are used to neutralize each other and form nothing but Carbonate of Iron and a small quantity of Sulphate of Potash) and having no coagulating nor astringent action on the gastro-intestinal mucous membrane, the Pil. Chalybeate of Wm. R. Warner & Co. can cause no deleterious effects to the patient, at the same time the therapeutic effects are rapid and energetic and do not give rise to the sensation of weight in the stomach or the gastric pain and indigestion occasioned by other preparations of iron. When a more tonic effect is desired the same combination as Pil. Chalybeate can be obtained with 1-8 of a grain Ext. Nuc. Vomica added under the name of Pil. Chalybeate Comp. (Warner & Co.) thereby increasing the tonic effect and giving renewed strength to the patient.

—*Medical Brief.*

Editorial.

DIETETICS.

Unquestionably, the physician of the present day does not pay sufficient attention to the valuable aid and assistance to other curative measures, that pertain to the food we eat. The subject does not claim one-tenth of the consideration it properly deserves in our medical schools and colleges. Too much reliance entirely is placed upon drugs and the therapia derived from the laboratory of the chemist. Barring a few cursory remarks occasionally from the lecturer on practice or clinical medicine, and the views that necessarily pertain to the subject of digestion while it is being considered by the teacher of physiology, the medical graduate generally enters upon the practice of medicine, relying upon this limited amount of instruction, supplemented by traditional views derived from the maternal kitchen during his boyhood days.

We do not propose to enter into a full and complete discussion of the subject of dietetics on this occasion, but merely desire to call attention to the important need of giving it a greater degree of attention than it has received for some time past. The literary efforts of Drs. Ephraim and John Ashburton Cutter, a most excellent joint paper occupying largely the "original" part of this month's issue, together with their other valuable observations in this line; and the publications of Dr. Salisbury, show most conclusively that much good can be accomplished in this direction. The old adage of "What is One Man's Meat is Another's Poison," if not literally true, contains so many important germs of truth, that it is remarkable that more attention has not been paid to this subject.

Our medical periodicals, the transactions and publications of our state and national organizations fairly bristle and gleam with scintillations of bright steel and clashing scalpel of general or special surgeon, gynecologist and obstetrician; while an occasional article on general practice is at infrequent intervals found sandwiched between, or buried in a mass of new remedies, therapeutic novelties, and new

forms of old and well-known drugs; the important subject of dietetics still receiving no more attention than occasional cursory mention; leaving the general practitioner of medicine or surgery, to still grope along in the old, old rut, his vision not aided, but dimmed by the wonderful attainments of the glittering scalpel.

This subject is not only of importance to the general practitioner, but to each and all, surgeon, general or special, gynecologist and obstetrician. Every surgeon knows that the operative procedures, important though they be, would be futile indeed, were it not for a thorough attention to details prior and subsequent thereto—he is twice a physician while he is once a surgeon is an old and apt phrase. Yet we will find teachers of surgery to-day, dwelling day after day, with high flown rhetoric and ablest elocutionary effort, upon these operative procedures, while the subject of dietetics, of paramount importance, receives but barely occasional attention, in the somewhat cursory remarks that are devoted to preparatory and subsequent attention to wounds and other surgical affections. Scores upon scores of new volumes each year vie with each other in the various departments of medicine, surgery, and the various specialties, while the works upon this truly important subject are extremely few and far between, and those that do make their appearance from time to time, comprise the traditional lore of the past added to the limited scientific developments in this line in more recent years. What is needed, is that some of the live, progressive minds of the present day, turn their attention to this subject, by means of experiment, original investigation and practical observation.

The striking features of the paper of Drs. Cutter in regard to Bright's disease are remarkable indeed. Here we have a morbid condition that with each successive year is claiming its victims by the hundreds—notwithstanding that the entire field of therapeutic resources—so far as drugs and chemicals are concerned, have been ransacked in vain; time and again some anew preparation comes to the front with special claims as a curative measure—but alas! like so many of its predecessors, it is soon relegated to a dusty shelf and is forgotten.

Bright's disease—or more properly Albuminuria, in its more common or chronic form, appears most frequently in two classes of persons. In the one, as a result of alcoholic excesses; the irritant effect of the alcoholic poison being aided by gross feeding, in the excessive development of fibroid tissue in the renal structure. In the other, the active

business man, occupying the higher planes of our civilization, as he reaches or begins to turn the climacteric, his business ventures having proven successful, continues his highly nitrogenous diet, which was previously essential, notwithstanding that now his labors are more of brain and nervous system, than the muscular of his earlier days. The excess of nitrogenous aliment no longer used up as fuel by muscular exercise and to a great extent eliminated by the "sweat of his face" in accord with Divine edict, in its escape by the kidneys gives us almost a similar condition of renal pathology as in the first instance. In both, the error is one of dietetics, and in both, relief if obtained at all must be derived from dietetic—not therapeutic measures.

Lithiasis, the gouty diathesis—so long recognized as a result of dietetic excesses, yet if half the investigation, the observation, and attention—*half* did I say? Nay, one-tenth the attention had been paid to dietetics as to therapeutics, it would long since have been unknown as a hereditary (?) or transmissible (?) diathesis.

Therapeutics—Bah! I don't like the word as applied to drugs. As such, it has so long been a hobby, that it almost stinks in the nostrils. When will doctors give proper thought and consideration to other curative measure than are to be found on the apothecaries' shelves? Granted, that to be found here are many valuable aids to the relief of pain and suffering, and the arrest of many morbid processes. Yet, equally valuable, and in many cases, far more successful results will be obtained by a thorough attention to the details of the necessary means of building up new tissue, and giving rest to that which is worn, tired or well nigh exhausted, by a careful adjustment of those therapeutic means to be obtained from the pantry or kitchen.

While in the early stages of almost every instance of acute disease, nature herself takes the matter in hand, and prevents the injury or damage due to improper alimentation by arresting all desire for food, yet, as the case progresses, her efforts here may become erroneous, and assistance on the part of the physician may be of great importance, in overcoming that repugnance to food, which if too persistent may prove detrimental. One of the grandest sayings of any medical man belongs to Dr. Graves. "He fed fevers"—and by this new departure unquestionably did a vast amount of good to the sick and suffering of his day and subsequently

On the other hand, in chronic diseases, in incurable organic affections, the therapeutic aids and measures pertaining to the kitchen and

the pantry, are of far more importance than the highest developments of pharmaceutical art.

Drugs are necessary—unquestionably—but we must not rely upon them exclusively.

AMERICAN MEDICAL ASSOCIATION.—In accordance with the resolutions of last year adopted by The American Medical Association, at its meeting in Newport, Dr. Wm. B. Atkinson, P. O. Box 400, Pine Street, Philadelphia, the permanent Secretary, is already perfecting arrangements with the principal railroads and transportation lines throughout the country, by which special rates may be secured for such members of the Association and their families who may wish to attend the meeting in May next, in this city.

The Secretary desires, as far as he may, to learn at any early date how many individuals may probably desire to avail themselves of such special rates, and their localities. He therefore invites individual correspondence and will avail himself of the information thus obtained in securing the desired concessions.

Until the last year, the railroads have pursued a liberal policy in this matter, and a generous patronage has well repaid them. Happily, this year the meeting is so located that no single road can bar them from a like liberal policy. We anticipate that such arrangements will be made that the profession will appreciate the inducements offered, and that there will be a very large representation at the annual meeting. Let every member of the Association who desires to attend, at an early date indicate to Secretary Atkinson the number of tickets he may wish to secure and his lines of travel.

It may seem to individual members a little matter, but the aggregate will be very helpful in securing final results.

SUCCUS ALTERANS.—Convalescent Hospital, Mabelthorpe, Lincolnshire, England. Dear Sir:—From my experience of "Succus Alterans" I can speak of it as a powerful tonic, and a hæmatinic par excellence. In the anæmic patients in whom I have prescribed it (sic), increased appetite and assimilation of food were very apparent, a rapid increase in weight being the result. Its diuretic action specially recommends it in those cases of dropsy where anæmia forms the principal factor.

Looking at its action on the blood and kidneys, with the slight action on the skin and bowels which I have noticed, it should have much to say to the elimination of syphilitic virus from the system.

Yours very truly, (Signed), J. A. FEENY, M. R. C. S., England;
L. R. C. P., London; Surgeon to the Convalescent Hospital, Mabelthorpe; Honorary Member Nottingham Medico-Chirurgical Society; Member Abernethian Society.

"COMING FOR WOOL, THEY WENT AWAY SHORN."—Dr. J. C. Culbertson, our able and earnest confrere of the *Cincinnati Lancet-Clinic*, we learn from Associated Press Dispatches of January 29th, was assaulted by two Cincinnati lawyers named Burch and Johnson. The doctor, with the aid of the foreman of his printing office, defended himself, and afterwards had his assailants arrested. The occasion of the attack was the article in the *Lancet-Clinic* of January 25th, in which these limbs of the law were denounced in caustic terms, for an attempt to blackmail Dr. C. D. Palmer in connection with a suit for malpractice. We congratulate Dr. C. on his successful defense and sincerely hope that the statutes against champerty, attempts to blackmail, etc., may be promptly enforced, and that his assailants may meet with timely and appropriate punishment, for these as well as their later crime.

DR. C. C. FITE who was so well and favorably known as the Secretary of the Tennessee State Board of Health, and as the efficient and courteous Secretary of the Tennessee State Medical Society for several years in the recent past, favored us with a call in the interest of Messrs. Reed & Carnrick. He left with us samples of several of the excellent preparations manufactured by this reliable house, which in every instances have fully justified the claims made for them. Their Lacto-Preparata and Soluble Food are in every way most excellent, and their Sulpho-Calcine is substantially endorsed by such progressive men as W. C. Wile, M. D., A. M. Owens, M. D., and others. Their Peptonized Cod-Liver Oil and Milk is a peculiarly happy combination.

Dr. Fite will call upon the physicians of Tennessee, and it is unnecessary for us to say that his statements may be relied upon.

SIR OSCAR JENNINGS, the noted English physician, states that La Grippe is "a bastard, pulmonary rheumatism." From this it would appear that the use of Liq. Tong. Sal. (Tongaline), is particularly indicated for the relief of that trouble, which has proved such an epidemic in Europe and promises to do so in this country. In Liq. Tong. Sal. we have Tonga, *anodyne*, Cimicifugi, *anti-rheumatic*, *anti-spasmodic*, Sodium Salicylate, *anti-germinative*, Pilocarpin, *diaphoretic*, Colchicon, *anti-rheumatic*, *purgative diuretic*. It will be observed therefore that the action of Tongaline, which is exactly adapted for the indefinite kinds of rheumatism, should kill the microbe and carry such out of the system through the natural channels. In some instances the use of Quinine, Antipyrine, Acetanilid, Aconite, Benzoate Lithia, Iodide of Potassium, etc. may also be used in connection with Liq. Tong. Sal. when indicated by the peculiar conditions of the case.

AIR MOUNT, MISS., Jan. 28, 1888.

PARIS MEDICINE CO., Paris, Tenn.

GENTS:—Your preparation of Lyon's Tasteless Quinine was received. Please excuse me for not reporting the result of same sooner. I was highly pleased with the use of it. - It is the only preparation of Tasteless quinine that I find entirely satisfactory, I deem it invaluable for infants and children, and it is as efficient in its action in every way as the Sulphate. I order from Memphis, but will perhaps give you an order some time this year. With thanks for the sample and wishing you much success, I am,

Yours truly,

A. LOUIS JACKSON, M. D.

G. W. WATTS, M. D., Auxvasse, Mo., says: I find Celerina very useful in cases of old persons, whose digestive powers are failing, and in the convalescing period of those old persons from acute diseases, such as pneumonia, bronchitis, gastro-enteric troubles, etc. In two cases recently treated of this kind Celerina seemed to restore both the nervous and digestive system. Both of these cases were very old persons, they are now apparently well.

STRICTURE.—The Century Chemical Co., 2949 Sheridan Ave., St. Louis, Mo., offers a new method of curing strictures. Send to them for pamphlet containing formulæ, full particulars as to samples, etc.

They also manufacture Hoff's Medicated Urethral Bougies, for the cure of gonorrhœa and gleet, all of which have received excellent testimonials at the hands of practical physicians in different states.

TRUE TO HIS TRADE.—Small boy who has broken through the ice, (not this winter, but f'mother winter).

Hello! Mister, help me out, will you, will you?

M. D.—What for?

Boy.—“true to save me life.”

M. D.—“Why, bub, I am not in the Life Saving Service, I'm a Doctor.”

AMENORRHEA.—

R Ol. Sabinæ.....2 drachms.
 Ol. Rutæ.....2 drachms.
 Alcohol.....1½ oz.

Dissolve and add:

 Aletis Cordial.....4 oz.

M. Sig. Teaspoonful three times a day.

“DURING an epidemic of Dengue or Break-bone Fever, I gave Liq. Tong. Sal. a thorough trial and found it much more successful than the usual treatment, such as Iodide of Potassium, Wine of Colchicum, Quinine, Salicylic Acid, etc.; in fact, I found that Liq. Tong-Sal. effected a cure in nearly every instance.”

A. M. SITTLER, M. D.
 Bomanstown, Carbon Co., Pa.

THE MEDICAL MIRROR, No. 1, Vol. I., January, 1890, has been received. Its reflections are brilliant indeed, and that it will be well received and highly appreciated by the medical profession, “goes without saying,” in as much as it is so well filled with Love.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

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THE BEST ANTISEPTIC.

FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

FORMULA.—*Listerine is the essential antiseptic constituent of Thyme, Eucalyptus Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.*

DOSE.—*Internally: One teaspoonful three or more times a day (as indicated), either full strength or diluted, as necessary for varied conditions.*

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make all maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in LISTERINE will please send us their address, and receive by return mail our new and complete pamphlet of 40 quarto pages, embodying:

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FULL AND EXHAUSTIVE REPORTS and clinical observations from all sources, confirming the utility of Listerine as a General Antiseptic for both internal and external use; and particularly

MICROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A.B., PH. D., D.D.S., Professor of Operative and Clinical Dentistry, University of Berlin, from whose deductions Listerine appears to be the most acceptable prophylactic for the care and preservation of the teeth.

Diseases of the Uric Acid Diathesis.

LAMBERT'S

LITHIATED HYDRANGEA.

Kidney Alterative—Anti-Lithic.

FORMULA.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength; hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia, Albuminuria, and Vesical Irritations Generally.

We have had prepared for the convenience of Physicians Dietetic Notes, suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations bearing upon the treatment of this class of diseases.

LAMBERT PHARMACAL CO.,

314 North Main St., Saint Louis.

GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patient.

WAYNE'S DIURETIC ELIXIR,

COMPOSED OF BUCHU, JUNIPER, ACETATE OF POTASH, ETC.

DIURETIC AND ALTERATIVE.

INDICATIONS.—Acute and Chronic Catarrh of the Bladder. Brick Dust and Chalky Deposits in the Urine, Gravel, etc. Acute and Chronic Bright's Disease, Lumbago, and in Acute and Chronic Rheumatism.

PRESCRIBED and Endorsed by the Leading Physicians of the U. S. It is giving universal satisfaction to the profession. It seems to be ALMOST A SPECIFIC for Diseases of the Genito-Urinary Organs.

EXTRACT FROM LETTER, W. F. GLENN, M.D.,

Professor of Genito-Urinary Diseases in the Medical Department of the University of Tenn.,

No practitioner passes many days, or seldom many hours, without being called upon to prescribe for some real or imaginary disease of the kidneys. While such serious disorders as diabetes and Bright's disease, in which these organs are fatally involved, are occasionally met with, they are few as compared with the many minor affections, not only in the kidneys themselves, but on all parts of the genito-urinary tract. Catarrh of the kidneys, ureter, bladder or urethra, irritations and congestions of the various parts of the urinary apparatus, are as common as bad colds. What is more frequent than patients complaining of pain in the back, in the region of the kidneys, with or without a scant flow of urine, or burning sensation in the neck of the bladder or urethra on voiding urine, and numbers of other similar ailments. In all forms of functional derangements of these important excretory organs the administration of a gentle but effective diuretic generally affords relief. Where an analysis of urine proves the absence of elements that would indicate serious organic lesions it is a safe and in fact a proper course, to use a remedy that will stimulate to gentle action the cells of the kidneys, thereby increasing the watery portions of the urine. Such a course will rarely fail to affect a cure.

For this purpose there is nothing superior to buchu, juniper, acetate of potash, corn silk and digitalis. The action of many of this class of remedies, such as corn silk, juniper, eucalyptus, etc., have a more or less specific influence on bladder and urethral irritations and inflammations. Some years since my attention was attracted to a remedy styled Wayne's Diuretic Elixir, which, upon examination, I found to be a combination of acetate of potash, juniper and buchu, prepared in such a manner as not to be unpleasant, but rather agreeable to the taste and accurate in its proportions. Being easier to prescribe and by far more pleasant to the patient than the same remedies freshly mixed in the drug store, I began to use it in all irritations of the kidneys, bladder, urethra and prostate gland, and have found it to meet every indication. Now, when I desire a mild diuretic effect continued for some time, I rarely depart from this mixture. Prof. Deering J. Roberts, Surgeon to the State Prison, has been using it largely of late at the hospital of that institution, and reports it perfectly satisfactory. Numbers of others of my medical brethren, to whom I have suggested its use, have reported it thoroughly satisfactory. Case after case taken from my own and from other record books, could be cited to show its satisfactory effects, but that is hardly necessary. And while I am not an advocate of the wholesale use of all the various preparations that are now crowded upon us at the same time, after thoroughly testing this one for some years, I feel that it will not be amiss to present its virtues to the profession. Not for any new virtues that its ingredients may possess, for they have been understood for many years, but because of its careful preparation and pleasant taste, and thereby ready utility. From the very highly satisfactory results obtained by me for the past five years, I am quite sure its use will be attended with no disappointment or regret.

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(3B)

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Vernon, Ind., Jan. 25, '88.

Gentlemen:—I have tried Tasteless Quinine with splendid result. It can be taken by children readily, and will produce the same result as the Quinine Sulph. I shall continue to use it, especially among children, and can heartily recommend it to any one desiring a palatable and reliable preparation of this drug.

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Hickory Valley, Ark., Jan. 27, '88.

Dear Sirs:—Received samples of your Tasteless Quinine Preparations. Found them satisfactory. Am using them in all cases of children requiring quinine.

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Paris Medicine Co.

I received your sample of T. S. of Quinine and find it an elegant preparation. I was able to produce the full effects of quinine and at the same time had no trouble to administer it to children who generally are averse to taking it in the usual form.

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(5B)

NERVE-COUNTERFEITS OF UTERINE DISEASE.

Dr. Wm. Goodell, the well-known Professor of Gynecology, Univ. Penna., Philadelphia, says:

"The symptoms of nerve-prostration so greatly resemble those of even coarse uterine lesions that the nerve-mimicries can very readily be mistaken for signals of actual organic disease. Nor, indeed, are they always distinguishable the one from the other, for the marvelous kinship between mind and matter is a tangled skein, not yet unraveled by dead-house or by laboratory.

"What, then, are these symptoms? Their name is legion, but the most common ones are, strangely enough, those which lay and professional tradition, with singular consent, have labeled as their symptoms *par excellence* of womb disease. They are, in the order of their frequency, great weariness, more or less of nervousness and of wakefulness; inability to walk any distance and a bearing-down feeling; headache, nape-ache and backache; cold feet, an irritable bladder, spinal tenderness and pain in one ovary, usually the left, or in both ovaries. The sense of exhaustion is a remarkable one; the woman is always tired; she passes the day tired, she goes to bed tired, and she wakes up tired, often, indeed, more tired than when she fell asleep. She sighs a great deal, and her arms and legs tremble or 'fall asleep' so frequently that she fears palsy or paralysis.

"Other symptoms not quite so common are the cerebral ones, such as low spirits, bad dreams, nightmares and night-terrors; explosive sounds in the head, a loss of memory, suicidal thoughts, the fear of impending insanity, the dread of being left alone or of being in a crowd.

"From a large experience I humbly offer to the reader the following watch-words as broad helps to diagnosis:

"*First.* Always bear in mind what another has pithily said, that 'woman has some organs outside of the pelvis.'

"*Secondly.* Each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear.

"*Thirdly.* Scant or delayed or suppressed menstruation is far more frequently the result of nerve-exhaustion than of uterine disease.

"*Fourthly.* Antelexion *per se* is not a pathological condition. It is so when associated with sterility or with painful menstruation, and only then does it need treatment.

"*Fifthly.* An irritable bladder is more often a nerve symptom than a uterine one.

"*Sixthly.* In a large number of cases of supposed or of actual uterine disease which displays marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic; and it must be treated so.

"*Seventhly.* Almost every supposed uterine case, characterized by excess of sensibility and by scantiness of will-power, is essentially a neurosis.

"*Eighthly.* In the vast majority of cases in which the woman takes to her bed and stays there indefinitely, from some supposed uterine lesion, she is bed-ridden from her brain and not from her womb. I will go further, and assert that this will be the rule even when the womb itself is displaced, or it is disordered by a disease or by a lesion that is not in itself exacting or dangerous to life.

"*Finally.* Uterine symptoms are not *always* present in cases of uterine disease. Nor when present, and even urgent, do they *necessarily* come from uterine disease, for they may be merely nerve-counterfeits of uterine disease."

The best remedial agent for the above nerve troubles, so well described by Prof. Goodell, is that well-known remedy, CELERINA (Rio), in teaspoonful doses thrice daily. Where uterine disease is also suspected, the best prescription, as largely attested by the profession, is

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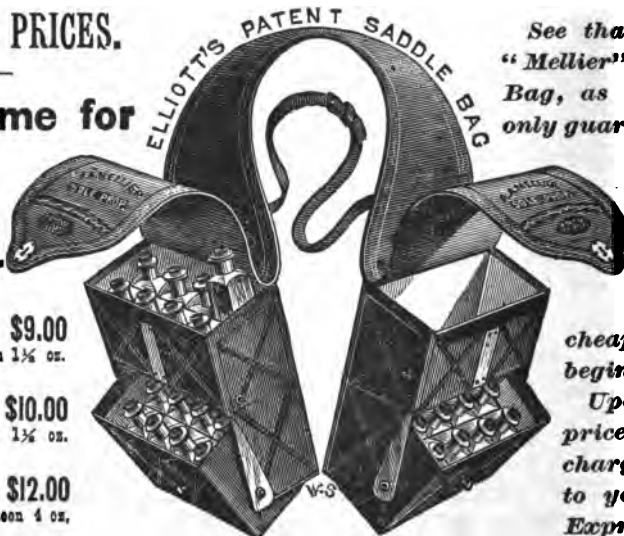
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Medium medicinal doses of Phosphorus, the oxidizing element of the Nerve Centers for the Generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of functional activity of Liver and Pancreas, and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids of Calisaya, Anti-Malarial and Febrifuge; Extract of Wild Cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

THE SUPERIORITY OF THE ELIXIR consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of subduing fever and allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of faulty nutrition, the outcome of Indigestion, Malassimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a physiological restorative in Sexual Debility and all used-up conditions of the Nervous System should receive the careful attention of good therapeutists.

There is no strychnia in this preparation, but when indicated, the Liquor Strychnia of the U. S. Dispensatory may be added, each fluid drachm of the solution to a Pound of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M.D.
Montreal, D. C

Put up in pound bottles and sold by all Druggists at One Dollar.

(12a)

We are confident that we have reached the Highest Degree of Perfection in solving the **INFANT FOOD PROBLEM.**

Lacto-Preparata.

A Prepared Human Milk perfectly Sterilized and especially designed for Children from birth to six or eight months of age.

Made wholly from cow's milk with the exception that the fat of the milk is partially replaced by cocoa butter. Cocoa butter is identical with milk fat in food value and digestibility, being deficient only in the principle which causes rancidity. The milk in *Lacto-Preparata* is treated with Extract of Pancreas at a temperature of 105 degrees, a sufficient length of time to render twenty-five per cent. of the casein soluble, and partially prepare the fat for assimilation. In this process the remaining portion of the casein not peptonized, is acted upon by the pancreatic ferment in such a manner as to destroy its tough, tenacious character, so that it will coagulate in light and flocculent curds, like the casein in human milk.

Lacto-Preparata is not designed to replace our **SOLUBLE FOOD** but it is better adapted for Infants up to eight months of age.

Carnrick's Soluble Food

Is the Nearest Approach to Human Milk that has thus far been produced, with the exception of Lacto-Preparata.

During the past season a large number of Physicians and eminent Chemists visited our Laboratory at Goshen, N. Y., and witnessed every detail connected with the production of Carnrick's Soluble Food. This invitation to witness our process is continuously open to Physicians and Chemists. All expenses from New York to Goshen and return will be paid by us. The care used in gathering the milk, its sterilization, and the cleanliness exercised in every step, cannot be excelled. Soluble Food has been improved by increasing the quantity of milk sugar and partially replacing the milk fat with cocoa butter.

Sulpho-Calceine.

A Positive Solvent for Diphtherietic Membrane.

It is with great pleasure that we present to the Medical Profession this new and valuable combination. In over one hundred cases in the practice, and under the personal supervision of one of the most eminent and successful practitioners, in which he tested it, the membrane was dissolved in every instance, save one. This failure was not due to the want of efficacy of the preparation, but to the inability of the little patient's parents to enforce the use of it. Its action is rapid; in the majority of cases cleaning the tonsils and fauces within twenty-four hours, and in only one case of the hundred did it take forty-eight hours to accomplish its entire removal. In a case of relapse with most frightful extension of the membrane all over the whole vault of the mouth, fauces, tonsils and larynx, accompanied with the greatest prostration, the membrane was entirely removed in forty-eight hours.

Its medical properties are antiseptic, resolvent, astringent, disinfectant and powerfully solvent. It is entirely non-poisonous and will not injure the most delicate tissues of the youngest child. It contains: Pure oxide of calcium; flores sulphuris loti thoroughly washed and purified; benzo boracic acid, chemically pure; oleum eucalyptus globulus; oleum gaultheria; extractum pancreaticum, entirely free from fat.

At a glance we see that **Sulpho-Calceine** contains, in intimate and chemical combination, all the ingredients which have been proven to be of material benefit through past experience, in dissolving the membrane of Diphtheria.

Sulpho-Calceine is used either in the form of a gargle or spray. If as a gargle, it may be used pure or, which is just as well, diluted one-half with water. But if used as a spray, it must be in the concentrated form. This also applies when used with either the swab or the camel's hair brush. If any of the medicine is swallowed, no harm will ensue, but on the contrary it will help to relieve the constitutional symptoms, by its antiseptic action, as will be readily understood by a study of its component parts.

Samples of any of our preparations sent to Physicians gratuitously for trial.

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(14B)

TO PHYSICIANS:

R. A. ROBINSON & CO.,
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PREPARATIONS OF HIGHEST STANDARD OF EX-
CELLENCE AS TO QUALITY, ACCURACY
AND APPEARANCE.

FOR SALE BY DRUGGISTS GENERALLY.

ROBINSON'S HYPOPHOSPHITES.

NUTRITIVE, TONIC, ALTERATIVE.

Each fluid ounce contains:

R	Hypophosphite Soda.....	2	grs.
	“ Lime.....	1½	“
	“ Iron.....	1½	“
	“ Quinine.....	1½	“
	“ Manganese.....	1½	“
	“ Strychnine.....	1-16	“

DOSE: One to four fluidrachms.

PINT BOTTLES, \$1.00.

BEING composed in part of ingredients of the original “CHURCHILL'S SYR. HYPOPHOSPHITES,” and containing the excellent CONSTRUCTIVE, TONICS and STIMULANTS, Iron, Quinine, Strychnine, Manganese, this combination is recognized by Physicians as an excellent remedy in

**PULMONARY WEAKNESS,
INCIPIENT CONSUMPTION,
SCROFULOUS TAIN,
GENERAL DEBILITY, ETC.**

The various salts are in COMPLETE and PERMANENT solution. ACCURATE UNIFORMITY is secured by the utmost care in compounding this preparation.

We ask attention to the following statements:

LOUISVILLE, KY., March 29, 1886.
Messrs. R. A. Robinson & Co.—Gentlemen: I have been prescribing the Syrup of Hypophosphites and Wine of Coca prepared by your firm, with uniformly good results. Both are elegant preparations. As a stimulant in cases of Exhaustion from whatever cause arising and as an antidote to the evil effects of Opium, your Wine of Coca has proven most serviceable. Your Syrup of Hypophosphites presents a combination of constructive tonics and alteratives, massed together in palatable form, and in a beautiful solution, indicative of unsurpassed Pharmaceutical Art. I have used the latter in the debility of the old and the young, with nursing mothers and with those of strumous and tubercular tendencies, with most gratifying effects.
Yours very respectfully, (Signed) COLEMAN ROGERS, M. D.

LOUISVILLE, KY., April 1, 1886.
Messrs. R. A. Robinson & Co.—Gentlemen: For a number of months I have been prescribing your Syrup of Hypophosphites, and have also been employing your “Wine of Coca” since it was placed before the profession. In my prescriptions I have specified “R. A. Robinson & Co.” because of my confidence in the integrity of the manufacturers. After having observed the effects of the above preparation on a large number of patients, I am convinced that no similar mixtures, now upon the market, are so elegant and palatable, and at the same time so invariable and accurate in composition.
Respectfully your obedient servant,
(Signed) JAMES M. HOLLOWAY, M. D., No. 728 4th Ave.

DR. CHAS. DENISON, Denver, Colorado, says: “Your Hypophosphites has few equals.”

Please Specify **ROBINSON'S.**

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Robinson's Lime Juice and Pepsin,
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DOCTOR, thousands of Infants die from Artificial Feeding who would live and thrive if their Mothers were enabled to yield good milk copiously by using Nutrolactis, the Galactagogue.

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(C⁸ H¹¹ O.)

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(162)

DR. WILLIAM A. HAMMOND'S SANITARIUM,

For Diseases of the NERVOUS SYSTEM.

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DR. WILLIAM A. HAMMOND announces to the medical profession that he has returned from New York to Washington, D. C., where he has established, in a building especially erected for the purpose, a *Sanitarium* for the treatment of mild and curable cases of mental derangement, diseases of the nervous system generally, cases of the morphia and chloral habits, and such other affections as may properly be treated by the remedial agencies under his control.

The *Sanitarium* is situated on Columbia Heights at the corner of Fourteenth Street and Sheridan Avenue. The position is the highest in the immediate vicinity of Washington, the soil is dry, and all the surroundings are free from noxious influences. Electricity in all its forms, baths, douches, massage, inhalations, nursing, etc., are provided as may be required by patients, in addition to such other medical treatment as may be deemed advisable.

A large *Solarium* for sun-baths and exercise in cold or inclement weather and heated with steam in winter, is constructed on the top of the main building.

The *Sanitarium* has now been in successful operation since the 1st of January, 1887.

For further information Dr. Hammond can be addressed at The Sanitarium, Fourteenth Street and Sheridan Avenue, Washington, D. C.

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CURE FOR HERNIA OR RUPTURE,

In Use for More than Twenty Years. Many Persons Cured Every Year. Trusses Abandoned. No Recurrences of Hernia.

This Great Remedy is in the form of a healing and strengthening ointment which invigorates the weakened, flabby membranes and muscles, stimulating natural secretions and causing healthy granulation, thereby contracting the hernial aperture and making the abdominal wall normally sound and solid. It is generally used in connection with a truss, because most persons can more conveniently wear some kind of truss or supporter for a few weeks while the cure is being effected than they can stay abed or hold the bowel in place with the hand during that time. Evils incidental to the wearing of a truss, such as induration or callousness, atrophy, chafing, etc., are counteracted by the Remedy; the pressure can be relaxed gradually as the cure progresses and eventually the use of a truss may be entirely discontinued. Children in arms are cured by FRINK'S RUPTURE REMEDY alone, without the aid of a truss.

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from eminent physicians and their patients:—men, women and children, in all walks of life including those who perform the hardest manual labor as well as those who live in comparative ease and luxury, substantiate the fact that FRINK'S RUPTURE REMEDY is a positive cure for inguinal, femoral, umbilical and other kinds of ruptures, at small expense, without inconvenience or injury, and without detention from business or customary avocations.

PRICE OF REMEDY sufficient to cure an ordinary case, \$5.00. Sample package, containing enough to show good effect, \$1.00. Full directions with each package.

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are the best in the United States. They hold securely and comfortably and are perfectly adjustable by the wearer at home. Price, single, \$10.00; double, \$12.00. When ordering please state location of rupture and give measurement around the body where the truss has to go. Remedy and Trusses are sent by mail, postpaid, separately or together on receipt of price.

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N. B.—If you prefer to order through your Druggist, you can say to him that FRINK'S RUPTURE REMEDY is supplied to the trade by Messrs. HALL & RUCKEL, Wholesale Druggists, 216, 218 and 250 Greenwich Street, New York.

The Truth About Pepsin.

THE competition among pepsin manufacturers for the past year has been so great as to lead to not a little misrepresentation by the less scrupulous as to the actual facts. The controversy over the subject of pepsin tests and standards and comparative digestive power has gradually simmered down to a recognition of certain facts which all physicians should now recognize. These may be briefly stated as follows:

Since the last revision of the U. S. Pharmacopœia there has not been a single instance where the remedial value of a preparation has been so greatly enhanced, through the instrumentality of the manufacturing pharmacist, as in the case of pepsin.

This achievement has resulted from the elaborate researches which have been conducted in the department of our laboratory devoted to original work. We have thus been enabled to increase the proteolytic or digestive power of commercial pepsin to a standard forty times higher than that required by our Pharmacopœia, and, at the same time, imparted to our product certain qualities which have been heretofore regarded as verging on the impossible.

Our pepsinum purum in lamellis and pepsinum purum pulvis meet all the requirements of a typical preparation, not only as regards their freedom from toxic substance, but in point of digestive activity as well. Both are capable of dissolving two thousand times their weight of coagulated egg albumen under the conditions of our published test, but should the experience of physicians indicate that a still greater activity is desirable, we are prepared to meet their wants in this direction, as a degree of activity has already been reached by us which is many times that of our present standard.

We supply pepsin in the following forms:

Pepsinum Purum in Lamellis; Pepsinum Purum Pulvis; Pepsin, Saccharated, U.S.P., 1880; Pepsin, Glycerole, Concentrated; Pepsin, Lactated; Pepsin, Liquid, U.S.P., 1880; Pepsinum Purum Tablets, 1 gr., Sugar-Coated.

All information desired by physicians as to our pepsin products, our general line of standard medicinal preparations, pharmaceutical specialties, and latest therapeutic novelties and improvements in methods of medication, will be promptly furnished on request.

NORMAL LIQUIDS.

IN Normal Liquids which we introduced in 1883, we made the first attempt to meet the requirements of physicians and pharmacists for a uniform and reliable class of fluid preparations of drugs not open to the objections and uncertainty of fluid extracts made by U.S.P. processes.

The standard decided upon for these fluids was the result of long experience in the collection, purchase, examination and analysis of crude drugs with a determination of the amount and character of their active principles. The reliability of normal liquids soon led to their large consumption, and the medical profession have evinced their preference for them to such an extent as to make them now an established and popular method of exhibiting the toxic and narcotic drugs.

It is believed that the best interests of pharmacy and medicine will not be served unless these or like preparations are officially recognized. For concentrated tinctures of a definite strength, the name "normal liquids" appears to be happily chosen, as it implies a definite standard of strength. The list should embrace preparations of the more potent crude drugs, 1 Ccm. representing 1 gramme of drug of standard strength.

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Belladonna Root.	Colchicum Seed.	Henbane.	Stramonium Leaves.
Cannabis Indica.	Conium Fruit.	Ipecac.	Stramonium Seed.

Circulars and reprints of articles on normal liquids and the necessity for a higher standard of accuracy for toxic and narcotic drugs sent to physicians on request.

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